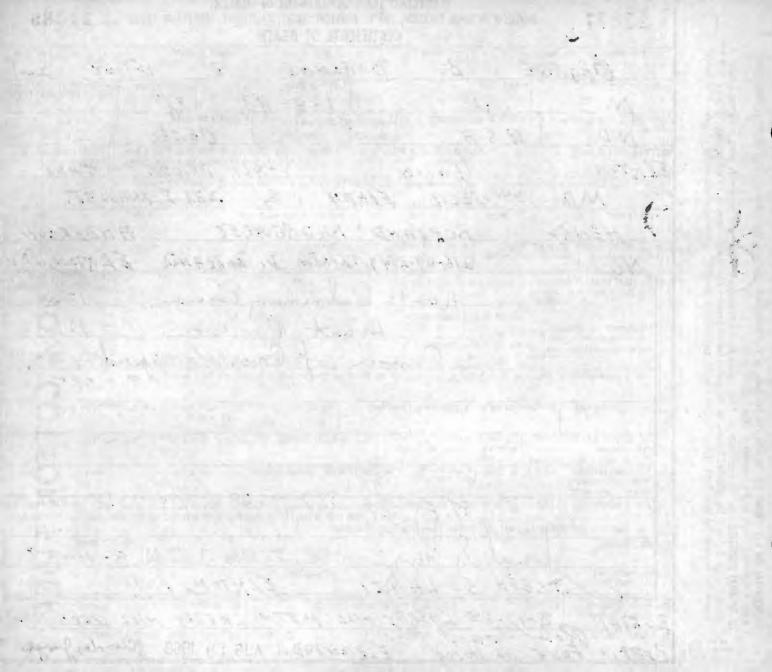
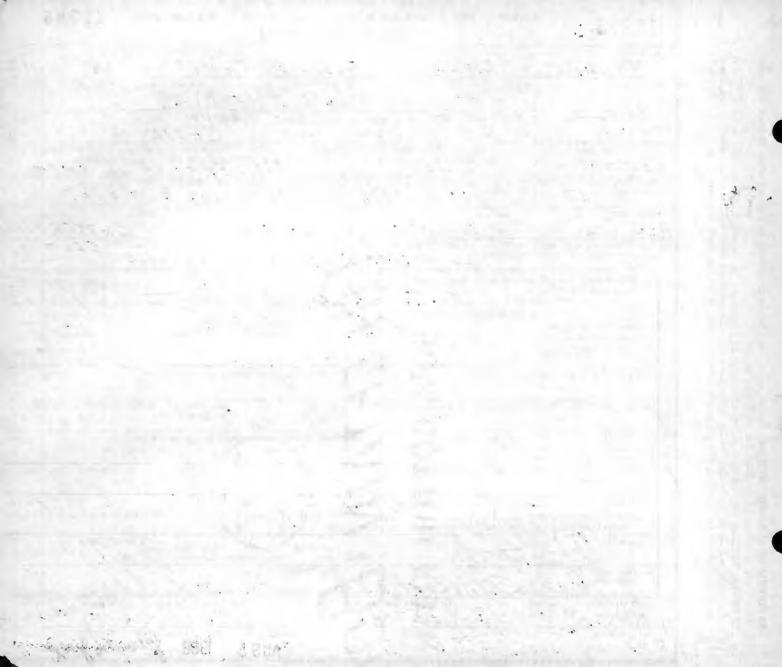
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A AT		١.	22b. SIGNATURE		10	2 ATTENDING	MED. DIRECTOR	STAFF - S	2c. DATE SIGNED
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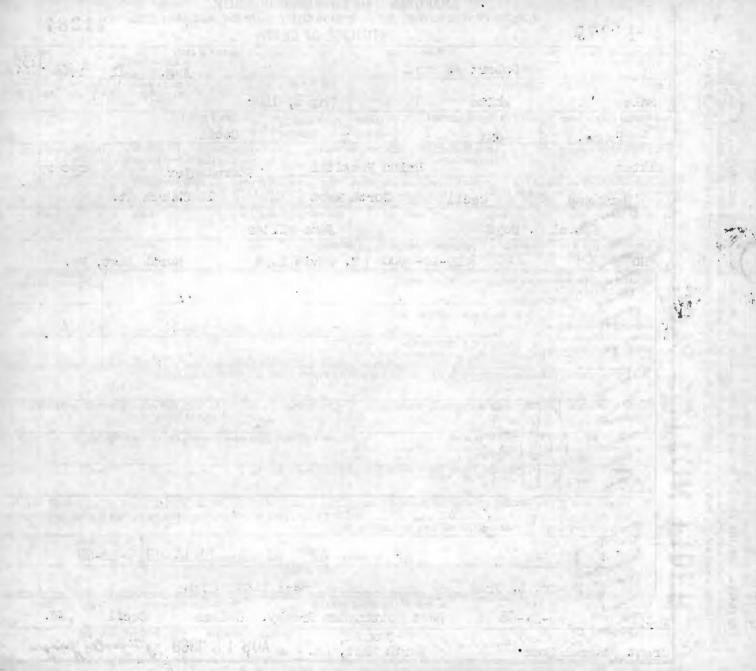
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by the haspital ar attending physician. by the haspital ar attending physician. ther this certificate has been signed by the attending physician and condetely filled in by the detached far use as the burial-transit permit. Then please remove carbon papers. Pastate Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours	NO	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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G PHYSICIAN the haspital this certifical detached far	*	21d. INJURY OCCURRED Wile of wark 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State of work 21e	
		22a. I certify that (I) (this hespital) attended the deceased from 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE, SIGNED	
TO HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S	23a.	DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	=
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MAKTLAND STATE DEPARTMENT OF HEALTH



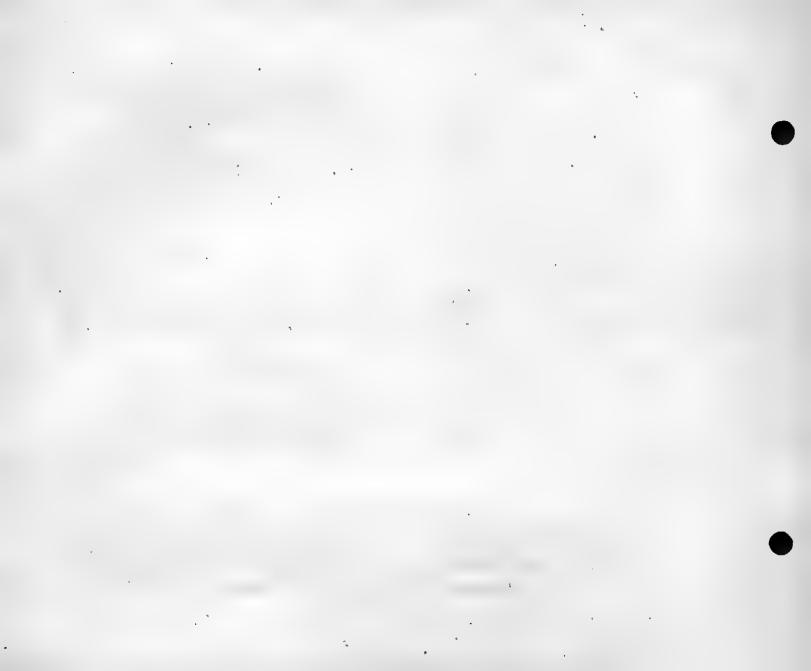
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The state of the s	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 000
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1:089
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN X Month D	oy Year 25. HSW
≈ 0 m 10 m	(Type or Print) CAROLINE CALHOUN OF ESTI DEATH MATED 8-24	1 555
3ma 19	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (n years IF UNDER 1 YEAR 1F UNDER 24 MRS 2c. DATE PRONOUNCED DEAD add borthday) Months Days Hours Min	2d HOUR
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in i		18 CAUSE OF DEATH (Enter any one cause per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
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e st the to to bu		(c)	
ICAL EXAMINER: This certificate should be executed within 24 hours ofter death a execute the certificate, writing the word "pending" in pencil in Item 18 G ve Pagitor. Page 4 should be forworded to the Chief Medical Examiner's Office alongwithed for your files. CTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the Stabuno, or remayor, and in any event within 72 hours ofter death		TAKE 2 STOREK SIGNIFICANT COMPANIONS CONTRIBUTION TO DEATH OUT NOT RECEIVED TO THE TEXAMINAL DISEASE OR COMPITION GIVEN IN PART [[0]	
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	ME	21d. NJCRY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
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xecu xecu far far rio.		22a certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry ,	and in my apınıan
e e e e e e e e e e e e e e e e e e e		death resulted fram: Natural causes 🔲, Accident 💢, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍)
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necessary, please extre functional director. S may be retained for to FUNERAL DIRECTOR Health prior to burney.	-	NAME (Type) ADDRESS(Street, city, town, or county)	
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MAKYLAND STATE DEPARTMENT OF HEALTH

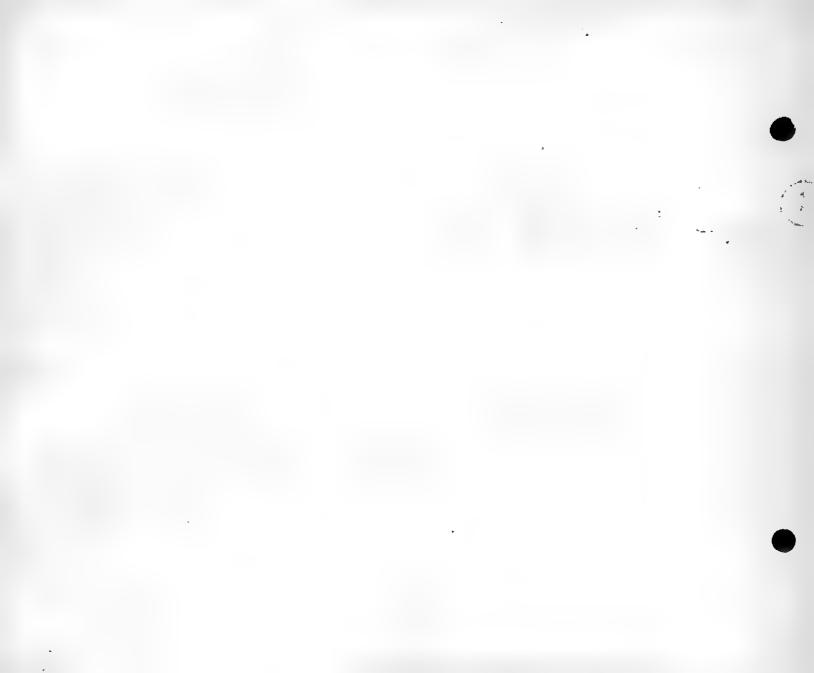


MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1382 11390 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH 26 HOUR (Type or print) ELS 3 SEX RACE S. DATE OF BIRTH & AGE (In years AT JNDER I YEAR lost birthday) MONTHS I DAYS HOURS 24 haurs 70 BIRTHPLACE (State or foreign OF WHAT COUNTRY? 9 COUNTY OF DEATH country) WIDOWED [T DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mest of working life, even if retired) INDUSTRY please remave tarban completely ar removal, and in any event, (Where deceased lived if institution Residence before 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER uted admission) STATE 13b. COUNTY YES DET NO requires that the death certificate be exec 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First First Middle the attending physician and sit permit. Then please rem 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (o) Ancon? BETWEEN ONSET AND DEATH Hnemiz SeverL crematian, Gasterintestinal bleeding Conditions, if ony, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. signed k burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the prior to 190, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health p YES 📑 NO D 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR AM. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from 8 - 33 , 1967, to 5 - 24 - , 1967, that (I) (we) lost saw the deceased olive on 8 - 34 - 1967, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIA., CREMATION, 23b. DATE 23d LOCATION (City or Town) (Coupty) (Stote) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 DATE AUG 2 8 Charle



TO A STATE OF THE PARTY OF THE	1 7 3 Somision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	PLACE OF DEATH O. COUNTY MARYLAND D. CTY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 1b) C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
after death If any delay 8. Give Pages 1, 2, and 3 dlang with farm PM3. Pe with the State Department with n 72 haurs after deby	write RURAL and give inearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS A STREET ADDRESS A STREET ADDRESS ON A FARM? YES NO STREET ADDRESS ON A FARM? YES NO STREET ADDRESS A DATE Month Doy Year OF DECEASED (Type or print) A DATE Month Doy Year OF DECEASED (Type or print)
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TO DEPUTY ME necessary, plea the funeral dire 5 may be reto. TO FUNERAL DIR Health or its de	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street of County) Address (Street of County) 230. BURIAL CREMATION. 236. DATE THEREOF 230. NAME OF CREMATORY 231 LOCAT ON (City or Town) (County), (Stote)
OD AL 1220 E (2)	24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. DATE AUG 1 3 1968 VICTUARIES SURVEY 250. DATE AUG 1 3 1968 VICTUARIES SURVEY 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. DATE AUG 1 3 1968 VICTUARIES SURVEY 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE 250. REC D BY REG STRAR 250 REGISTRAR SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

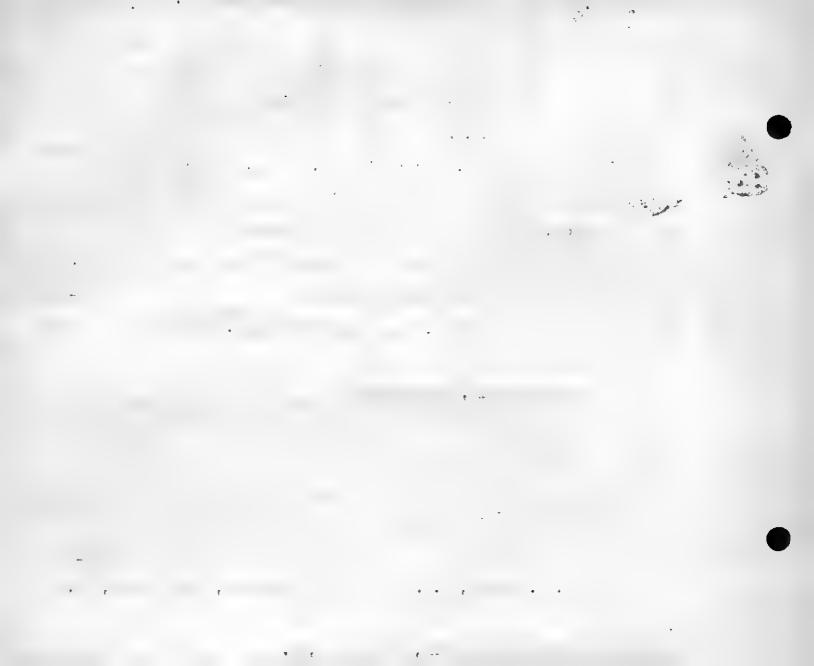


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		17900		CERTIFICATE OF DEA	TH	~ ~ ~~				
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be ar lin ar		David	C. Campb	ell L	aura	Justice				
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equires physicio physicio signed l burial-t	1	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(a)					
ng i	- Z	Platicular with partid infature Parturkan;								
law ber triar	ATIO	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING				
The after that the plant of the	CERTIFICATION			YES 🔲	CAUSES OF DEATH?					
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute be retained by the haspital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and come 3 should be detached for use as the burial-transit permit. Then please remove ed with the State Dept of Health prior to burial, cremation, ar remaval, and in any expense with the state Dept of Health prior to burial.		210. ACCIDENT WAS UNDERLYIN	G 215. TIME OF INJURY		(Enter noture of injury in Port 1 or Port 2,	Item 18.)				
CCA A A A A A A A A A A A A A A A A A A	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Doy Ye	19						
hass cer che	₩.	21d MadRY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.	.D. No. City of Town	County State				
the heart here between the bet	П	While Not while of work			4					
ING by t fter ope o	ш	22a. I certify that (I) (thi	is haspital) attended the dece	ased from Hug. 2	1965, ta <u>Hog. Co,</u> 19 r) opinion death accurred on the d	68, that (I) (we) last				
ed les She	L	saw the deceased al	live an 1109, 30, , (I) (we) (did) (di d not) view th	_19 으장, and that in (my) (eu-	r) o pinion death accusted on the d	ate and haur and fram the				
E ie 6 5 5 4		22b SIGNATURE	, (i) (we) (uiu) (ui u noi) view ii	ie budy uner deam.	4 22	DATE/SIGNED				
REC 3 s I will will will will		· Eelsar E.	2000	DEGREE PHYS.	MED. STAFF DIRECTOR DIPHYS. D	9/9/65				
y be go age	ı	22d. PHYSICIAN'S	- u	22e. ADDRESS	DIRECTOR C. PHIS.	11-11-08				
RAI De			r E. Folk, M.D		rk, Del.					
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex director, page 3 should be detached for use as the burial-transit permit. Then please remove car should be filed with the State Dept of Health priar to burial, cremation, ar remayal, and in any event.	230	BURIAL, CREMATION, 23b. C		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
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VRAIS	24.	FONERAL DIRECTOR //	ADDR	75S 250 R	REC'D BY REGISTRAR 256 REGISTRAR"	SIGNATURE				
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L					CERTIFIC	ATE OF DE							
11.		EASED-NAME First pe or print) ART	mm.	Middle	TOT	Last	2a.	DATE OF OEATH	nth. C	NZV C	Year	2b. HOU	
1 2	. SEX		14. RACE		FUL	S. DATE OF BIRTH		Augu		28,	196t	1:2	
ľ	. JEA	Male	4. KMCE	White			4-94	lost b	(In years irthday)	MONTHS			MIN
170	o Bl	DTHD! ACE /State or forming	7b CITIZEN	OF WHAT COUNTRY?	8			UNTY OF DEATH	- YR	5. [
	puni	England	, a. a. i.e.	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED		Cecil					Md
Īī	o. er	IY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II	NSTITUTION (If n	ot in hospital	120 USUAL OCC	UPATION (Kind of	work done	12b.		USINESS OR	
		erryville		give street oddress)err		, Md.	during most of Hardw	working life, eve OOd Fini	n if retired. .sher) IND	USTRY		
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F	_					Hospita	recor	us, Perr	y Pol	nu,	Md .	TE INTERVAL	=
l	1	 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	BY:	A						-	BETWEEN ONS	days	
L		→ IMMEDI/	TE CAUSE (o)	Aspiration, OR AS A CONSEQUENCE O		INOUTE	acl	nizophre	nie	_	2-7	uaya	
ı		Candit ons, if any, which gave)		Chronic 1		syndrome					yes	22.00	
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		PID ACCIDENT WAS UNDERLYIN	G ML 7	IME OF INJURY	Jay. 10	YES 💂	NO 🗆			. fa 10			
	S S	or contributing cause of ofat If either, natify medical examin	HOUR	A.M. Manth Day Yeo P.M.	r 19	OW INJURY OCCURR							
ľ		While Not while	PLACE OF IN	(OFFICE BUILDING, ETC		CATION Street or		City or Town		Coun	'	State	
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Т	ľ	22b SIGNATURE				ATTENDING	em MFD	STAFE		c. DATE SI			
	-	7.0	YYL	toney M.	DEGR	FF PHAS	MED. DIRECTO	OR STAFF	*	8-2	<u>8–68</u>		_
		22d. PHYSICIAN'S NAME (Type)	NO	ONEY M.D.		22e. ADDRESS		D	n Dad		M.a		
2	30	BURTAL, CREMATION, 236			CEMETERY-OR		ospita	LOCATION (City of		nt. (Cour	Md.	(State)	7
1	5G.	BURIAL, CREMATION, 23b REMOVAL (Specify)	12/	968	1/	- Cons	2/14.	2-67	y rowing	`			
2	4 5	WERAL DIRECTOR		ADDRES	5	250	REC'D BY REG	ISTRAR 25b	REGISTRAR		URE	J-c	_
1	Lé	e a Patterso	n Fun	eral Home,	Perrvv	ille.Mdw	E SFI	3 191	29 0	Cha	Mari	للواحد	2

MARTLAND STATE DEPARTMENT OF HEALTH . . .



		44002			E DEPAKIMENT			
		11386	DIVISION OF VITAL RI				, MARYLAND 21201	11394
				CERTII	ICATE OF DE	ATH		
		CEASED-NAME First (pe or print) Id	la C. Ford	ddle	Lost	2a. C	ATE OF DEATH Month Day Aug. 7	1968 8:00 19
	3 SE	X	4 RACE		S. DATE OF BIRTH		6. AGE (In years last buthday)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
aft the ages		Pemale	White		July 22,	, 1921	47 YRS	MONTHS DAYS HOURS MIN
by Pours	7o. E		76 CITIZEN OF WHAT COUNTR	Y? 8. MARR	ED X NEVER MARRIED	9. COU	NTY OF DEATH	
in ers.	ÇQLF	Penna.	USA	WIDOW		_	Cecil	M
Ifed Pop	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSE	PITAL OR INSTITUTION	If not in hospital	12a USWAL OCCU	PATION (Kind of work dane	12b KIND OF BUSINESS OR
■HYSICIA■: The law requires that the death certificate be executed within 24 haurs after e hospitol or ottending physician. his certificate hos been signed by the attending physician and completely filled in by the fur	W	orth East	give street oddres	110 Bee	ch St.	during most of w Seam	orking life, even if retired) stress	Clothing_
d w letel orb	13o.	USUAL RESIDENCE (Where deceose	d lived, if institution Resider	nce before 13c. CIT)	OR TOWN 13d. #	NSIDE CITY LIMITS?	13e. STREET AND NUMBER	
we we eve	odmi	ssion) STATE Marvland	13b COUNTY Cecil	Nor	th East YES	NO 🗌	110 Beech S	t.
y co	14 F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN	NAME First	Middle	Last
and and in o		John W. Smith			Albert	ta Kulp		
ite I	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b, SOCIA	18-9574	7. INFORMANT		Address	
ifico i pla al,	Y	es, no or unknown) (If yes give wi	or or detes of service) 166-1	18-95/4	Burns A.	Ford	North E	ast, Md.
g pl		18. CAUSE OF DEATH (Enter ani	y one couse per line for (a), ((b), ond (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fi if L		PART I. DEATH WAS CAUSED	RV I	TE My	Last nos	inta	meticine.	
de de		I AMMEDIA	DUE TO, OR AS A CONSE	-				
a a a		Conditions, if any, which gave		missalent	i car) . A V MACC	ulan divicac	2.
e in the state of	1	rise to immediate cause (a). (stating the underlying couse	DUE TO, OR AS A CONSE					
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The law rotending hos been se os the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERAT	TON WAS PERFORMED	20a AUTOPSY?	?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
he of he h					YES 🔲	NO 🔲	CAUSES OF DEATH?	
or or use	Ē	210 ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		HOW INJURY OCCURR	ED (Enter nature	of injury in Port 1 or Port 2,	Item 18)
A	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	or) PM	Day Year				
YSI osp cert hed ot. o	AEC C	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY, 2	f LOCATION Street or	R F.D. No.	City or Town	County State
		While Nat while at work						
NG A TE		220. I certify that (I) (the	is hospital) attended th	e deceased from	12-2	2,1967,	107-12, 19	<u>68</u> , that (I) (***) Id
A P P P P P P P P P P P P P P P P P P P		saw the deceased o	live on	7-12 19 6X	and that in (my) (apinian (leath occurred an the d	ate ond havr and tram t
Fig. Self		Egazez zigieg apake	e, (I) (we) (did not)	view the body at	ter geath.			DATE SIGNED
William Services		22b SIGNATURE	VR.	4 //	DEGREE PHYS	MED. DIRECTOR	ATIES	8-9-68
Dispersion of the property of	П	22d. PHYSICIAN'S	1)anna	1 Dun	22e. ADDRESS		C PRIS. C	7 95
ITA moy RAI Pe f be f		NAME (Type) Jay	3. Barnhart J.	r.			e. North East	, Md.
OSP NNEI Ctor	72			NAME OF CEMETER'	OR CREMATORY	23d.	LOCATION (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAM: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	730				Methodist	1		ecil Md.
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VR A15 (4) 30M REV. 1/68		rant Funeral H	II. Check	North Es	st. Md. DA	ATE AUG 1		sites front



1		11387	DIVISION OF VITAL REC			T, BALTIMORE		01	295
Jeath.		ECEASED-NAME First Type or print) Anna			losi Poster		DATE OF DEATH Month Augus G	11. 1968	2b. HOURT
offer of the offer	3. 5		4 RACE White	<u> </u>	S DATE OF BIRTH	7 700	6 AGE (in years last birthdoy)		IF UNDER 24 HRS HOURS MIN.
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n 24 Illed pap pap	10.	Maryland TITY OR TOWN OF DEATH	U.S.A. 11 NAME OF HOSPIT give street address)	ALOR INSTITUTION (IF			ecil PATION (Kind of work d rarking life, even if retiri Sewlie	lane 12b KIND OF ed.) INDUSTRY	Md. BUSINESS OR
exected within 24 and completely filled remove carbon paper on yeart, within 7	13a.	Elkton USUA. RESIDENCE (Where decea esson) STATE Maryland	sed lived, if institution, Residence	before 13c CITY O	R TOWN 13d	INSIDE CITY LIMITS? ES NO	13e STREET AND NUMBE	R	<u></u>
and corremover		FATHER'S NAME First	Middle		S. MOTHER S MAIDE	NAME First	Midd		Lost
ertificate the ext physician and hen please rem noval, and in on	16a	John WAS DECEASED EVER IN U.S. ARI (es_no_orunknawn) (If yes give to	HED TODOTCO 144 FOCIALS		INFORMANT	Ellen	Addre		N
the death of the offending the ottending sit permit. If motion, or rem	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDI I	ONDITIONS CONTRIBUTING TO DEAT CONDITION FOR WHICH OPERATION THE HOUR A.M. Month Do P.M.	H BUT NOT RELATED TO WAS PERFORMED y Yeor	200 AUTOPSY YES HOW INJURY OCCURR	SEASE OR CONDITION NOTE RED (Enter nature		APPROXIMEN OF	HATE INTERVA.
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OD - S - S - S - S - S - S - S - S - S -		FUNERAL DIRECTOR	or Funerals	Lkt on Cer ADDRESS Elkton	25	a. REC'D BY REGIS ATE	Elkton, M	id.	sye

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1		11388	DIVISION O			RESTON STREET		E, MARYLAND 2120	01 ·	96
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by by	70.1	BIRTHPLACE (State or fareign	7b. CITIZEN OF		B. MARRIED	NEVER MARRIED	9. COU	MTY OF DEATH		
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e executed within 24 hour and completely filled in by remave carban papers. In any event, within 72 hour		ITY OR TOWN OF DEATH	il.	NAME OF HOSPITAL OR IN:	STITUTION (If n	et in hespital	12a. USUAL OCC	UPATION (Kind of work of	dane 12b. KIND OF red) INDUSTRY	BUSINESS OR
ban with		Perryville		AH., Perry		, Md.	Store	warking life, even if retir Operator	Dry (aboot
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and regard	14. 1	FATHER'S NAME First	Middle	Last	15	S. MOTHER'S MAIDEN	NAME First	Mide		Last
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cate Sicio Plea , an	16a. Y	WAS DECEASED EVER IN U.S. Af	RMED FORCES? e war or dates of service) WII	16b SOCIAL SECURITY		INFORMANT		Addre		
ertificate by physician o nen please iaval, and ii				215-12-81		A Hospit	al Reco	rds, Perry		MATE INTERVAL
he death ce e attending ! permit. The		1B. CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS	CD DW						BETWEEN (ONSET AND DEATH
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affe perr		4107		R AS A CONSEQUENCE OF						
the sit	1	Canditians, if any, which gave rise to immediate cause (a)	(b)							
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e for tenc is bu	S	19a. DATE OF OPERATION 19	b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE FINDI CAUSES OF DEATH?		ERTIFYING
That age and the later of the l	CERTIFICATION	ACCIOPATE MAC CHARFE				YES 🔀	№ □		Yes	
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G PHYSICIAI the haspital this certifical detached fa	Ι-	21d. INJURY OCCURRED 21 While - Nat while	e. PLACE OF INJUR'	AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC	LIDKT.] 211. LC	OCATION Street or	R.F.D. Na.	City or Town	Caunty	State
te D		While Nat while at wark at wark	ol 2 l 25 lb		1.6	7520	1058	+ 8- T8- ···	10.68 when	-/ th of an all all and
be Stat	L	22a. 1 certify that (4) (1	inis haspital) a	Trended the decease	ed from	d that in (my)		death occurred on the	, 19 <u>68</u> , ±ha	and from the
OR ATTENI be retained DIRECTOR: A ie 3 shauld ed with the		causes stated aba	ve, (I) (3729) (dic	d) (dictandicview the	bady after	death.	and obundin	acom occorred an n	ne dure and nabi	una namine
AT Stall		22b. SIGNATURE				ATTENDING	MED	CTAFF -	22c. DATE SIGNED	
OR be r be r ed w	ı	٠ ٤٠ ع	Doelin	, Mil	DEG	* * * * * * * * * * * * * * * * * * * *	MED. DIRECTOR		8-19-6	8
AL CAN		22d. PHYSICIAN'S	7077	TIT W.D.		22e. ADDRESS	Danns	y Point, Mo	d.	
SPII 4 m 4 m d b	L	NAME (Type) E.	E. FOLK	III, M.D.						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 shauld be detached far use as the burial-transit permit. Then please reshould be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in	23a		. DATE	23c NAME OF				LOCATION (City or Town)		(State)
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VR A15 (4)		FUNERAL DIRECTOR	Let 40	and ADDRESS			ALLC: O		TRAR S SIGNATURE	
30M REV, 1/68		PIPPIN Funeral	Home 25	9 E. Main I	Lkton	Md. DA	TEAUG 2	130B K	liarles Ju	46



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, I		11389	DIVISION OF VITAL				E, MARYLAND 21201	44901
	<u> </u>				ERTIFICATE OF			11097
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the fu	3. SI	_	4 RACE		S DATE OF BI			F JNDER 1 YEAR IF JNDER 24 HRS MONTHS DAYS HOURS MIN
rrs afte y the f Pages urs afte		Pemale SIRTHPLACE (Stole or foreign	White 76. CITIZEN OF WHAT COUNT	TAVA I		29, 1887		
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The state of the s		Elkton	giye street oddr Union	ess) Hosp	ital	during most of	working life, even if retired)	INDUSTRY
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and control of the second control of the sec	14. f	ATHER S NAME First	Middle	Lost	15. MOTHER 5 MA	AIDEN NAME First	Middle	Lost
be n or		Harry		enry		Mary	D.	Johnson
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ph)	=	No				aniel W.	Henry, EIR	APPROX.MATE INTERVAL
rem rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	By one couse per line for (a), DBY	(b), and (c))	1 evem	1		BETWEEN ONSET AND DEATH
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e at		Conditions, if ony, which gave)	DUE TO, OR AS A CONS		1			
		ase to immed ate couse (a),	(b) CONO DUE TO, OR AS A CONS		MEARS	FAILUR		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the directar, page 3 shauld be detached far use as the burial-transit shauld be filed with the State Dept. of Health priar ta burial, cremating		stating the underlying cause last.	(c)	REQUENCE OF				
phy: phy: sign buric	ı	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO D	DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART I(o)	
ing ing ten ta	1 %	, . t. BZO	ncho pre	como	nia			
s be as t	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	ATION WAS PER		all .	20b IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
The att					YES.		78	5
AN; al o al icate for Hea		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	HOUR AM. Month	Day Year	21c HOW INJURY OCC	CURRED (Enter notur	e of injury in Port I or Poff 2, I	tem 16.)
SICI Spirit ediff ediff	MEDICAL	(If either, notify medical examin	ner) P.M.	19	DBY 1 ATE LOCATION C.		City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta	_	While Not while ot work	OFFICE BUI	IDING, ETC.	DRY.) 21f LOCATION Street	STOLKIN NO	City or Town	County State
Ser the ote of the ote		22a certify that (I) (the	s becaited) attended t	he decense	1 from 1966	. 19	to A110,25 19	68 that (I) (ma) fact
d b Aft e St e St		22a I certify that (I) (the saw the deceased a	live on 8/25/6	d=19	, and that in (m	y) (om) opinion	deoth occurred an the da	te and hour and fram the
TTE gine the state			e, (i) (如) (did not) view the b	ady atter death.			
M A A A Series	ı	22b SIGNATURE	1992		DEGREE PHYS.	NG MED. DIRECTO	STAFF C	DATE SIGNED
Lo Ped Ped		22d PHYSICIAN S	The state of the s	7_	DEGREE PHYS. 22e ADD		R L PHYS. L	·····
May May Per	′	NAME (Type) Rober	rt L. Gray	A.D.	123		h St. Elktor	n. Md.
OSF CANADA Sector	230	BURIAL, CREMATION, 23b.			EMFTERY OR CREMATORY		LOCAT ON (City or Town)	(County) (State)
10 HOSPITAL Page 4 may 10 FUNERAL I directar, pag shauld be fil		DEMONSTRUCT (1)			1 Cemetery		lkton. IId.	, - ,,
₩ ₩ A15 (4)		PUNEPA, DIRECTOR	X/19 h	/ ADDRESS	,	2So. REC D BY REGI	STRAR 2Sb. REGISTRAR S	
30M REV THE		Hicks flome f	or Funeral	s, Ell	kton, Md.	DATE SEP 1	6 1968 golia	was judge.
AU	_			-				0





	E.	tems 18&19 Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 9-13-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	1399									
200	1 D	DECEASED NAME First Middle Last 20. DATE OF DEATH	2b HOUR									
de dat	(1	(Type or print) PARKER A KEEN JK AUGUST Day	1968 925									
重量	3. 51	M 4 . I weather the man in the ma	DER 1 YEAR IF UNDER 24 HRS.									
y the ourse	7.	18/ALE WHITE NOV. 23, 1992 25" YRS.										
within 24 hours by filled in by oon popers. Powithin 72 hours	cau	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	554									
hin 24 ho filled .n popers. thin 72 h	10. 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b	KIND OF BUSINESS OR									
ted with pletely f carbon vent, with	L	ELGTON INTO WHOSE, AUTO	MECH									
on plete	13a odm	USUAL RESIDENCE (Where deceased lived, I institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS 13e STREET AND NUMBER 13b. COUNTY (EC/L ELUFO14 YES) NO 227 W. HIG	SH ST									
od formal	14. !	FATHER'S NAME FIRST MIDDLE MIDDLE MIDDLE FOR SHAPE FIRST MIDDLE FIRST MIDDLE FOR THE FATHER'S MAIDEN NAME FIRST MIDDLE FOR THE FATHER'S MIDDLE F	Last									
physician physician ten please noval, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give war or dates of service) Address Address Address	UN Md									
equires that the death certific physician. signed by the attending physburial-transit permit. Then phurial, cremation, or removal,		18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH									
ne deoth cer attending p permit. The		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Care momals is	's months.									
he de att		ODUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Due TO, OR AS A CONSEQUENCE OF Primary site: Cecum										
thot the an. by the tronsit p		the to immediate cause (a), stating the underlying cause but the stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
equires that the physician. Signed by the buriol-transit burial, cremoth		last. (c)										
requires ng physici n signed e burjol-ti	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages wood, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and then event, within 72 hours after death	CERT, F, CATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? Adenocarcinoma of the Cecum No Causes OF DEATH? CAUSES OF DEATH?	RED IN CERTIFYING									
IN: I or or or us			θ)									
SICIA spital spital sed for	MEDICAL	GR CONTRIBUTING CALSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 19										
PHY:	2	While hat while at wark at wark	,									
DING by 1 Affer be c Stot		22a. I certify that (I) (this hospital) attended the deceased from 6-14-, 1968, ta 8-10-1968 saw the deceased alive an 8-10-1968 and that in (my) (aur) apinian death accurred an the date an	, that (I) (we) last									
OR: A		causes stated obave, (1) (we) (did) (did nat) view the bady after death.	d liddr and tratti me									
OR AT OR ESTABLISHED ON WITH BE 3 sheet and with sed win sed with		226. SIGNATURE Oristokal Vela DEGREE PHYS. MED DIRECTOR PHYS. 22c. DATE S	IGNED -12-68.									
FITAL t may ERAL C		22d PHYSICIAN'S Cristical Vela. 123 W. High St. Bell NAME (Type) Cristical Vela. 123 W. High St. Bell	cton, Md.									
HOS age 4 Fun Fun Fould	23g	3. BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (COURT DAY)	unty) (State)									
F	247		TURB									
VR A19 4/ 30M REV. 1/68	17	FUNERAL DIRECTOR PROBLEM HOME ADDRESS ADDRESS NO DATE AUG 13 1968 250 POTTORS SIDE	Jung 1									



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	709
HEALTH DEPT.	1 DECEASED NAME Frst Middle Last 20 DATE KNOWN Marth Day (Type or Print) LARRY F. KING OF ESTI AUGUST	
delay is and 3 to 2. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR Year 1968 7:18M
2,7	70 BIRTHPLACE (Stole or foreign 70 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Country Penna U.S.A WIDOWED DIVORCED Cecil	Md
after death 8. Give Pages arong with top with the State I leath.	Elkton give steer address hospital during most of warking life, even if retired.) INDII 13a USUAL RESIDENCE (Where deceased yeld, firistruction Residence before 13c CTTY OR TOWN 13d MISIDE CTY LIMITS? 13e. STREET AND NUMBER	Electric co
hours afte Item 18. G Office aran 1 and 2 with after death	admission) State Penna (\$6 COUNChester Oxford YES \(\sigma \) 80x 202 , R. 14 FATHER'S NAME First Middle Lost Is. MoTHER'S MAIDEN NAME First Middle	D. 3
	Robert H. King, Jr. Liarie Wi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes give war or dates of service) 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Clizabeth Bryant King, Oxford	illiams
be executed panding" in nief Medical Eansit permit. Pevent within	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave is to immediate cause (a), (b) (b) (conditions, if any, which gave is to immediate cause (a), (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shaul e war o the ourial in an	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
	190 DATE OF OPERATION 190 DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF NUURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port Lor Part 2, Hern 18	20. AUTOPSY? YES K NO
INER: The certification of the	PRIMARY TO OR CONTRIBUTING HOUR AM 8-1/2 19 68 Subject was found pinned in pick	-up truck
dical E	22a. I certify that I tack charge of the remains described above, held an Autopsy K., Inspection ., Inquiry ., death resulted from: Natural causes ., Accident ., Suicide ., Hamicide ., Undetermined manner	and in my apinian
ro DEPUTY necessory, ple the funeral d 5 may be rett to FUNERAL DI Hea th prior	ACTUAL SIGNATURE ADDRESS(Street, city, town, or county)	
VR A15ME (5) 10M REV 1/68	236 BUR AL (REMAT ON REMOVAL (Specify) Burlad 8/6/68 St. Johns Heth. Cemetlery Lewis ville 24. FULLERA OFFICIAL COMMENT PROBLEM 1250. RECO BY REGISTRARS SIGNA LIICKS Home for Funerals Elktoh. Md. DATE AUG 9 1968	ATURE

DATE AUG 9

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

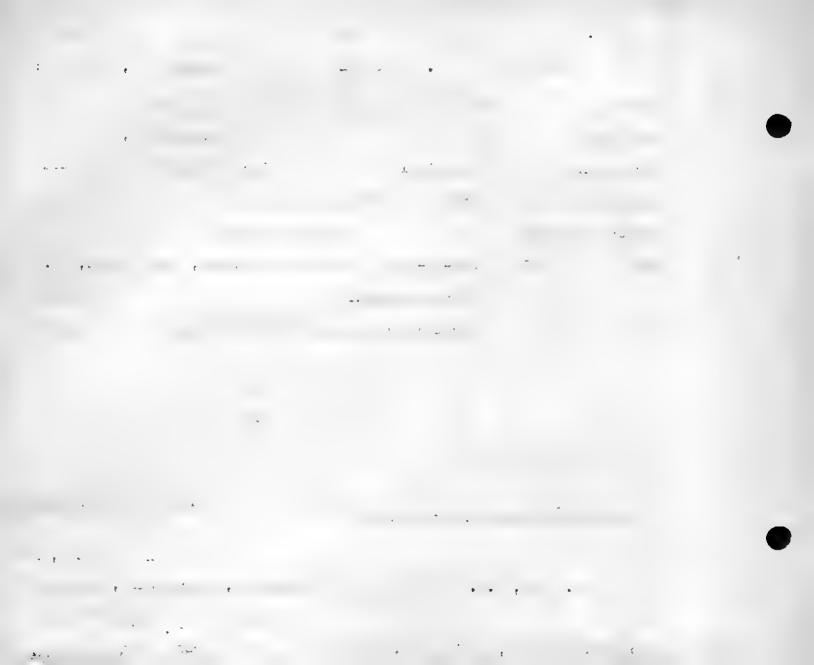


MAKTLAND STATE DEPAKTMENT OF BEALTH

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- Charles College		MARYLAND STATE DEPARTMENT OF HEALTH 1 3 9 4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE.		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2.402
HEALTH DEPT	1 D	ECEASED NAME First Middle Lost 20 DATE KNOWN Month D	ay Year 25 HOUP
Any delay is 2, and 3 to PM3 Page		Type or Print) MICHELLE LEWIS OF EST. DEATH MATED 8-2	4 196811:00
a a a a a	3 51	EX 4 RACE S DATE OF BIRTH 6 AGE (10 years 1/24AR 1F UNDER 1/24 HRS 2C DATE PRONOUNCED DEAD opt birthdoy) MONTHS DAYS HOURS MIN MORTH	2d HOUR Year 11:00
y d artn	F	Female Negro 7-22-58 ast burinday) Months DAYS HOURS MAR August DOY24,	.9 68 PM
- E 2	/0 I	BIRTHPLACE (Stote or foreign 76 CITYZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED CECT.	
to to	_	<u> </u>	Mc 2b. KIND OF BUSINESS OR
		nive street andress)	NOUSTRY ACOL
E = E	130	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INS.OF. CITY OW. 137. 13e. STREET AND NUMBER	9
	- 00	dmission) STATE N.Y. 136 COUNTY - N.Y. YES NO . 530 West 152nd	Street
haurs Item Offide I lond 2	14 F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
2 6 8		WILLIE LEWIS SHIRLEY	MURRI
d be executed within 24 rd "pending" in pencil in Chief Medical "xamin" is stransit permit. File pages by event within 72 hours		WAS DECEASED EVER IN S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es. no orjunknown) (If yes give war or dates of service) YOYE WILLE LEWIS BRONT	NV
be executed with "pending" in period and and and and and and and and and an		18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))	APPROXIMATE INTERVAL
executed anding" in Medical T		PART ! DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Multiple blunt injuries	BETWEEN ONSET AND DEATH
exect mdin Med per		CALL DUE TO, OR AS A CONSEQUENCE OF	
pe "pe ansit		Canditians, if any, which gave rise ta Immediate couse (o).	
world word the Ch rial-tra		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate shauld be e g the word "per ed to the Chief ! . a burial-transit and in any ever		(c)	
orte ed 1 s a and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writin farward farward e used ar	NOIL	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
× 4 4 5 6 7	IFICA	WAS PERFORMED?	YES NO TX
Th ica be d b	CERI	2 o EXTERNAL CAUSE WAS 216 TIME OF IN JRY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 Item	n 18)
INER: Te certifice should by files. 3 should lottier, ar	MEDICAL CERTIFICATION	PR MARY FOR CONTRIBUTING 10:30 P.M 8-24 19 68 Passenger in auto-auto collision	
XAMINER: te the certifies 4 should your files. 'oge 3 shou cremotian,	W.	2 d N.URY OCCURRED 21e PLACE OF N.URY (At home, farm, street, white poor whi	Caunty State
137 5 21 1		AT WORK AT WORK AT WORK AT HIGHWAY Intersection #798 and Md.#72/9 Elkton	Cecil Md.
JICAL EXAMINER: lease execute the cert director. Page 4 should stained for your files. DIRECTOR: Page 3 should in to burial, crematian,		22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry , death resulted from: Natural couses , Accident X, Suicide , Homicide , Undetermined manner .	_
please e l director		deoth resulted from: Natural couses . Accident K., Suicide ., Homicide ., Undetermined monner .	
		ACTUAL SIGNATURE Cheeks J. Fat MD ASSISTANT MEDICAL EXAMINER X 226 DATE SIG	GNED
			25, 1968
		NAME (Type) ADDRESS(Street, city, town, or county)	
5 g = 2 0 m	10	PEMOVAL (Specify) 4. 2. (S) C=2 (.CE HA 27C 0 2 LE	County) (State)
	74	FUNERAL DIRECTOR JOSEPH FORES FLATON 250 RECD BY REGISTRAR 250 REGISTRARS S.G.	SNATURE
VR A15ME [5]	2	1,211	las Indale





	Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE	T 7 2 4 6	S CERTIFICATE OF DEATH	1 04
HEALTH DEPT.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence	e before odmission)
lay 15 13 to Page ent of leath.	o. COUNTY Cecil MARYLAND	o. STATE Delaware New	Castle
delay and 3 A3. Pag tment or deat	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give	necrest town)
ony dela n. 2, ond ; n. PM3. P	Elkton	Silview Wilmington 1980	4
THE DE SE	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
after death If Lity delay is 8 Give Pages 1, 2, and 3 to along with form PM3. Page with the State Department of with in 72 hours after death.	Union Hospital 3 NAME OF First Middle	Lost 4 DATE Month	YES NO NO
after death 3 Give Page olong with Ite Store with the Store	DECEASED (Type or print) Anthony	Maida OF DEATH	Doy Year 3 - 19 6}
after d 8 Give olong v with the	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1"	YEAR IF UNDER 24 HRS
	Male White W DOWED DIVORCED	June 27. 1898 lost birthdoy) Months	Doys Hours Min
and 2	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or foreign country) 12 CITIZ	ZEN OF WHAT NTRY?
	Auto Mechanic Garage	Pennsylvania II	I.S.
within 24 pencilun xomureris ile poges	13 FATHER'S NAME		
	Domonick Maida 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	No Record INFORMANT Address 114 7 m	30001 3 3
oal, s	(Yes, no or unknown) (If yes give wor or dotes of service)		19804 Del.
e executed pending" i ef Medical ssr permit.	1B. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c).)	Mrs. Alice I. Hanna Maida 105 I	INTERVAL BETWEEN
ote should be executed withing the word 'pending" in pencion to the Chief Medical Exomuty, o burial-tronsit permit. File pour cremation, or removal, and in	PART I DEATH WAS CAUSED BY Arters oscleret	re Heart Disease	ONSET AND DEATH
ord ord e Ch e Ch	4/29 DUE TO		
sho e w e w th to th	Conditions, if ony, which gove (b) (b)		
ofe of the cren	stoting the underlying couse DUE 10		
certifico , writing orwarde orwarde used os burial, c	PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D. CEASE COLDIT ON CAUCAL DI DAOT 1/a)	19 WAS AUTOPSY
INER: This certificate should be executed in certificate, writing the word "pending" in should be forwarded to the Chief Medical Efiles. 3 should be used as a burial-tronsit permit. First, prior to burial, cremation, or removal, a	4200	I THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
얼마 같으니	□ PRIMARY □ or CONTRIBUTING □	(Enter noture of injury in Port I or Port II of item 18)	
EXAMINER: tute the certi oge 4 should your files. Poge 3 shou	20c TIME OF INJURY Month Doy, Yeor 20d INJURY OCCURRED 2De PL Hour o.m 19 While Not While fo	LACE OF NJURY (Home, form, 20f (City or town) (Coun	ety) (Stote)
AM e th our oge	Hour o.m 19 While Not While of work of work	octory, street, office bldg , etc.)	. ,
AL EXA execute or. Poge of for you for you noted o	21. I certify that I took charge of the remains described above, h	neld an Autapsy , Inspection , Inquiry 4	and in my opinion
AAL e exector. Per for red for ECTOR: signofe	death resulted from: Natural causes 4, Accident , Su	iicide [], Hamicide [], Undetermined manner []	, ,
MEDIA pleose directs directs directs branches	ACTUAL (X)	CHIEF MEDICAL EXAMINER	22 DATE CICNED
ALE	SIGNATURE (Le Caran A - La Carana	M D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: necessary, please execute the cert the funeral director. Page 4 shouls 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be a season the season of the	EXAMINER'S Tillman D. Shansin	7. Address (Street, city, town, or county) 235 222	-ly Aus Elk
DECE:	230 BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OF		County) (State)
7	Burial August 7, 1968 Silverbrook	k Cemetery Wilmington Delaws	re N.C. Co.
VR A15ME (5)	24 FUNERAL DIRECTOR	256 REC'D BY REGISTRAR 256 REGISTRAR 5 SIG	A Judge
6M 1/66	Hicks flome for Funerals, Elkton,	Md. DATE AUG 1 2 1948	0 4







- /				AND STATE DEPARTMEN			
		11399	DIVISION OF VITAL RECORD			, MARYLAND 21201	11407
(M)	L			CERTIFICATE OF D			.2
# - 5 6		CEASED NAME First ype or print)		Last	2a [DATE OF DEATH Month Do	v Year 25 HOURS
s after deut	L.	Joh		McCraw		August 2	7. 1968 AM
ifter e fu es l	3. SE		4. RACE	S DATE OF BIRTH		6 AGE (In years lost birthday)	IF UNDER LYEAR #F JINDER 24 HRS. MONTHS DAYS HOURS MIN
naurs after deuth	<u></u>	Male	\!\Thite	May 21		78 YRS.	
22: haurs after d	caun	IRTHPLACE (State or Fareign try)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIE	re L	NTY OF DEATH	
	V	TY OR TOWN OF DEATH	U.S.A	WIDOWED DIVORCE	Terrenal Control	Cecil PATION (Kind of work done	Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached far use as the burial-transit permit. Then please remave carboin is should be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within		Elkton	give street address) Union Fo	spital	during most of w	ration (kind of walk dase ranking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Schult Corr
Part in	13σ.	USUAL RESIDENCE (Where decease	sed lived, if institution Residence befo	re 13c CITY OR TOWN 13d	B INSIDE CITY LIMITS?	13e. STREET AND NUMBER	*
compre compre ave can y event	dout	ssion) STATE laryland	13b. COUNTY Cecil	Elkton	(ES NO	127 E. Hi	gh St.
e execut and com remave n any ev	14. F	ATHER S NAME First	Middle Las		DEN NAME First	Middle	last
ate be ician a lease r and in		Alex	McCra		~		Easter
ertificate b physician sen please aval, and	16a. Y	WAS DECEASED EVER IN U.S. ARM	une or deles of rapura)			Address	
rtifi phy en l			220-12		Lucy J	. McGraw, E	1kton 17d
at the death cel the attending p nsit permit. The		18. CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), and D BY: ATE CAUSE (a) SOPTIC	(c))			BETWEEN ONSET AND DEATH
ne death atendir permit. ian, ar re	Ш	IMMEDIA	D BY: ATE CAUSE (a) SOPTIC	emin			
he off	H	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE				
at to		nse ta immediate cause (a), ([0]	4	17500	1100	
equires that the death certificate be executed v physician. signed by the attending physician and complete burial-transit permit. Then please remove carb burial, crematian, ar remayal, and in any event,		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	Of			
uire hysi gne urial	Н		NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITIO	ON GIVEN IN PART I(a)	
SPITAL OR ATTENDING PHYSICIAN: The faw requires the may be retained by the hospital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by ar, page 3 shauld be detached for use os the burial-trail doe filed with the State Dept. af Health priar to burial, are	N	LADY CERE	SAAL ARTENIO	schones15			
s for rend rend s be as t oriar	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS			20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
4 5 4 8 4 7	RTIF	A COURT WAS INSTALLED		YES 🗌	но 🔲		
AL OR ATTENDING PHYSICIAN: The faw re y be retained by the hospital or attending L DIRECTOR: After this certificate has been age 3 shauld be detached far use as the filled with the State Dept. af Health priar to	NE CE	21 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Yo	121c. HOW INJURY OCCUR	RRED (Enter nature	of injury in Part 1 or Part 2,	Item 18.)
SIC Spirit Sed Sed Sed Sed Sed Sed Spirit Sp	AFD (C	(If either, natify medical exami	ner) P.M.	19 SACTORY NO. 10CATION CO. 1	- DED N-	City of Tawn	Caunty State
PHY e ho nis c tach		While Nat while at wark	PLACE OF INJURY (AT HOME, FARM STREET OFFICE BUILDING, ETC.	ZII. LOCATION STREET O	OI K.P.D. MU.	city of Town	county state
de d		220 cartify that (1) (th	ve bosnital) attended the doce	ased from TULY	10 600	to Aug 27 19	68, that (I) (ve last
A P P P P P P P P P P P P P P P P P P P	П	saw the deceased a	rs hespital) oftended the dece	_19, and that in (my)	(one) apinion o	leoth occurred on the d	ote and hour and from the
Se di la companya di		couses stoted obovi	e, (I) (1994) (alid not) view t	he body ofter death.			
referrence with with with with with with with with		22b SIGNATURE	1 162	ATTENDING	MED.	C STAFF C	DATE SIGNED /10/68
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RAL Po Pe fe		MAME (Type) Robe:	rt I. Grav	123		Street E	lkton Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The Jow re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	230			OF CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
O HOO Page O FUN direct	1	DELLOCATED C.	A A	ry Hill Meth.		Cherry Hill	ind.
		FUNERAL DIRECTOR	ADDR	ESS 25	Sa. REC D BY REGIS	TRAR - 2Sb. REG STRAR	, , , , , , , , , , , , , , , , , , , ,
30M REV 1/68		Hicks Home i	or Funerals	Elkton, Md.	DATESEP 1	3 1968 Acto	was judge
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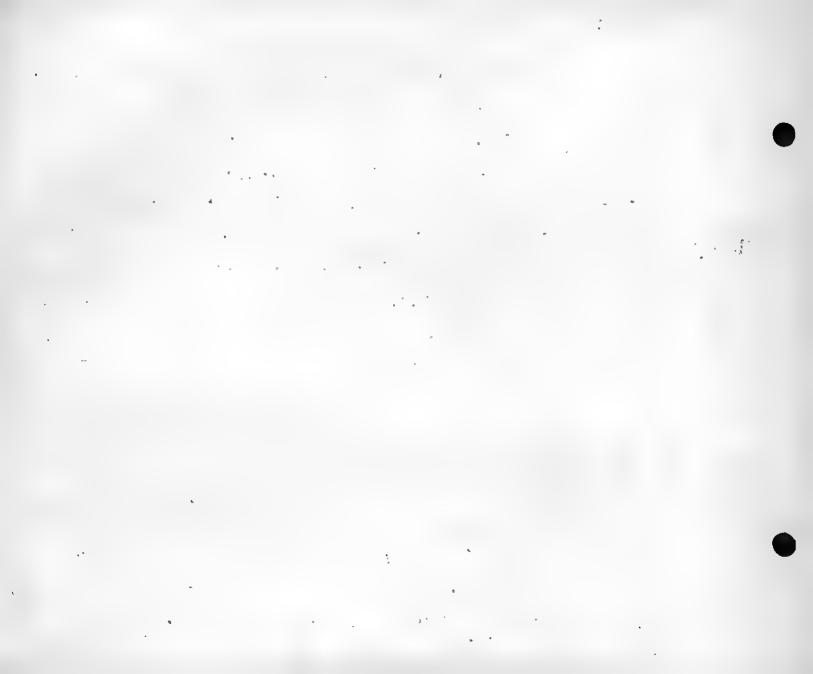
	1	MAKYLAND STATE DEPARTMENT OF HEALTH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 21408
HEALTH DEPTA	10	DECEASED-NAME First Middle Last 2a DATE KNOWN Month Day Year 2b HOJR
		Type or Print) Asher Hudson Melson Death Mated 18-13 19687:15M
5 m & 1 E	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE IN years F JHDER I YEAR IF JHDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR
ny delay is 2, and 3 ta PM3. Page		M 4-6-52 SG YRS HOURS MIN. Month Days Year 168 9 4. M
2, 2, P		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
form form	caur	Del. V.S. WIDOWED DIVORCED CECI MA
death ve Pages y with far the State	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito) 12a, USUAL OCCUPATION (Kind of work done) 12b Kind of Business OR give street oddress) 12a, USUAL OCCUPATION (Kind of work done) 12b Kind of Business OR
r de la mar de l	L	Little Marine Engineer Rett / All Marine
hours after death Item 18. Give Pages Office along with far and 2 with the State	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIGN STATE Md. 13b COUNTY Ceci Enleville YES NOW TO BE 35, 40 Pel. Ave.
24 hours no Item 1 ris Office est I and 2 us after d	14	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
		Spt William Melson Emmaline Burton
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
2 8 8 8		Yes, no, of unknown) [19 yes give war or dones of service] 17/2-03-9548 MAY. Vibla Wilson, Emleville, M.L.
TO .= -		BETWEEN ONSET AND DEATH
executed nding: ii Medical permit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Anterior i enotice Cardiovasoular Diverse Unix DUE TO, OR AS A CONSEQUENCE OF
pen ef N sit	,	Canditions, if only, which gave
The Children of the Children		rise to immediate cause (a), (b)
shauld be e word "pe a the Chief a the Chief in any even		lost. (c)
INER: This certificate shauld be executed exertificate, writing the word "pending": shauld be farwarded to the Chief Medical files. 3 shauld be used as a burial-transit permit atian, ar removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ns certificate to, writing the farwarded to be used as a breaward.	=	Trabetes mellitus
certii , writ arwai mava	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
fhrs or for be	ERTIFI	YES NO NO NO
변공 꼭 입		210 EXTERNAL CAUSE WAS - 21b. TIME OF INJURY Month, Day Year - 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem. 18.) HOUR A.M.
NER e cer shaul files. 3 shai	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF N.URY (At home, farm, street 21f EOCATION Street ar R.F.D. Na City or Town County State
\$ #4 = 0 = =		WHILE NOT WHILE factory, affice building, etc.)
그		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
SICAL be exected to the star. Per to the star. Per to the star. Per to the star is the star in the star is the sta		death resulted fram: Natural causes 🖳, Accident 🔲, Suicide 🔝, Hamicide 🔝, Undetermined manner 🔲
TY SIC. y, please eral director erationed EAL DIRECT		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
ury, present be respected by price		SIGNATURE MD ASSISTANT MED CAL EXAMINER L
o DEPUTY necessary, please exthe funeral director. 5 may be retained 0 FUNERAL DIRECTOR Health priar to bu		EXAMINER'S NAME (Type) ADDRESS (Street, city, town, or county) DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
o D D D D D D D D D D D D D D D D D D D	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Store)
	B	REMOVAL (Specify) Aug. 16, 1968 Edgewood Memorial Park Media Pa.
		FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS AUG 1 6 1968 AUG 1 6 1968 AUG 1 6 1968
VR A15ME (5) 10M REV 1768	E	dward Fellows & Son. Millington, Md. 21651 AUG 1 6 1968 former years



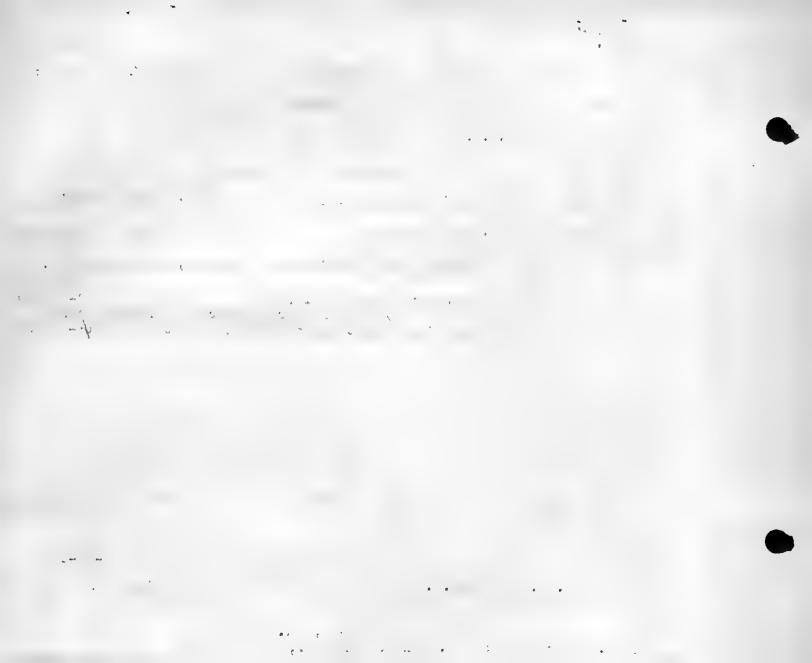
- 1		1140:	DIVISIO	N OF VITAL RECORDS,		ESTON STREET, BA		RYLAND 21201		
- 1				· · · · · · · · · · · · · · · · · · ·		ATE OF DEATH			22.08)
- 1	1 DE	CEASED NAME First		Middle		losi	2a. DATE O	F DEATH		2b HOUR
	£1,	ype or print) AR	CHIE	L.		MOORE		Month 8 Da	15 ^{Year} 68	9:30p
1	3. SE		4. RACE			S DATE OF BIRTH		6. AGE (In years lost birthday) 52 YRS.		UNDER 24 HRS.
		Male		White		1-5-16			Allowed to the second	SOA S MINI
	7e B			OF WHAT COUNTRY?		NEVER MARRIED	9 COUNTY O			
ŀ	10. 0	Maryland TY OR TOWN OF DEATH	U	SA 11. NAME OF HOSPITAL OR INS	WIDOWED [ecil N (Kind of work done	Tal Mus or our	Md.
				give street oddress) Veterans Ad	on ii) noitoittiili laakaakaak	tran nospiror 120. Us	mest of Workin	Dinje shed in Teptred)	12b KIND OF BUS	SINESS OR
ŀ	13n	erry Point JSUAL RESIDENCE (Where deceas	ed lived if					TREET AND NUMBER	. 210	<u>-K</u>
3	admi	Sign) Staryland	13P COI		Baltir			oles Road		
₽.	14 F	ATHER'S NAME First		ddle Last		MOTHER'S MAIDEN NAME		Middle	Unk.	Losi (D)
	14.	Charl WAS DECEASED EVER IN U.S. ARM		J. Moore	- 1	IFORMANT	Rose	Address	OHA.	
ı	190	X es no, ar unknown) (11 yes gray a	or or dates at ser	214-07-69	991 V	A Hospital	Record		Point, Me	d.
									APPROXIMATE BETWEEN ONSET	INTERVAL
ı		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE!	BY.	Bronchopner	monia	, bilatera	1		3-7	days
- 1		f c s	DUE TO	D. OR AS A CONSEQUENCE OF		inactiv	e tuber			
		Conditions, if any, which gove	(1	Extensive p	pulmon	ary fibros	is asso	c/w heale	d year	5
		nse to immediate cause (a), stoting the underlying couse(O, OR AS A CONSEQUENCE OF						
		last OC L	(()						
		PART 2 OTHER SIGN FICANT COM					RCONDITION GIV	EN IN PART 1(a)		
	<u>N</u>	Sclerosis	of co	ronary arter	ries,	moderate	Len	IF WEST THIRD PLANTS	CONCIDENCE OF CENT	IDJIMO .
7	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION F	OR WHICH OPERATION WAS PE	KFUKMEU	20a AUTOPSY? YES NO	Z4110	IF YES, WERE FINDINGS (ES OF DEATH?	ONDIDERED IN CERT	IFTING
		21a. ACCIDENT WAS UNDERLYIN	IG Talh 1	IME OF INJURY	21, 110	YES NO		uny in Port 1 or Port 2	Item IR1	
		OR CONTRIBUTING CAUSE OF DEAT	H HOUR	A.M. Month Day Year			TO TOTAL BY IT	ory 111 1 011 1 011 1 2,	non roj	
	茎	(If either, notify medical examil 21d INJURY OCCURRED 21e.	PLACE OF IN	P.M. 19 UURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street or R.F.D.	No Cit	y ar Town	County	State
		1101 1111						,		
		22a I certify that Of (th	is haspital) attended the decease	d fram M	ay 16 , 19	67, to A	ug. 15 , 19	66 AKK	Y (we) has i
		22a I certify that (M. (the causes stated above	IX 9C 9C) C3	(did) (did not) way xxx	hady ofter d	that in (my) (aur) o	ipinian death	accurred on the d	ate and haur an	d fram the
		22b SiGNATURE	s, (i) (we)	(ulu) (ulu ilui) view the i	pady aller a	euili		27c	DATE SIGNED	
		0 1	7	100 ney)	A DEGRE	EE PHYS	MED DIRECTOR	STAFF EX	8-16-68	
, [22d. PHYSICIAN S	~	7	N 112	22e. ADDRESS				
		NAME (Type) A . I	. MOC	NEY, M.D.		VA Hosp	ital, I	Perry Poin	t,Md.	
	230	BUR:AL, (REMATION 23b	DATI	23c NAME OF	EMETERY OR	CREMATORY //	288) LOCA]	Di (City or Yawn)	(County)	(State)
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od v salete carb	130	USUAL RESIDENCE (Where deceo	sed lived, if institut	ion: Residence before	13c CITY OR TOWN	Fad INSIDE CITY JM TS?	13e. STREET AND NUMBER	
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ing ing		18. CAUSE OF DEATH (Enter of	nly one couse per li	ne for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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aff per ian,	1	4561		AS A CONSEQUENCE OF				3_Weeks
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aw Deer S the	TION	190. DATE OF OPERATION 196	CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED 200 AUT	OPSY?		GS CONSIDERED IN CERTIFYING
nas nas	CERTIFICATION				YES [NO ☑	CAUSES OF DEATH?	
N: T or o or o r us		210. ACCIDENT WAS UNDERLY	NG 21b TIME O				re of injury in Port 1 or Port	2, Item 18.)
E TE STEEL S	MEDICAL	OR CONTRIBUTING CAUSE OF DE	iiner) (P.M.	15	9			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled or by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peace remave carban pagers, Pages 1 and 3 should be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 12 has gater death	WE	21d INJJRY OCCURRED 21d While Not while of work	. PLACE OF INJURY		CTORY.) 21f LOCATION Str		City or Town	County State
NG by the tare tare	П	22a. I certify that (I) (t	piz trasnitaly of t	ended the deceas	ed from _7/27/_	1968	, 10.8/15/,	19 <u>68</u> , that (I) (WE) last date and haur and from the
ed be sed	П	saw the deceased causes stated abay	alive an U/	(dat mat) view the	19 <u>20 </u>	ny) (bu r) apinian	death accurred an the	date and haur and fram the
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VR A15 (4)	24	FUNERAL DIRECTOR		acerel. ADDRESS		2So. REC'D BY REC	1 9 1968 REGISTO	AS SIGNATURE CHARGE.
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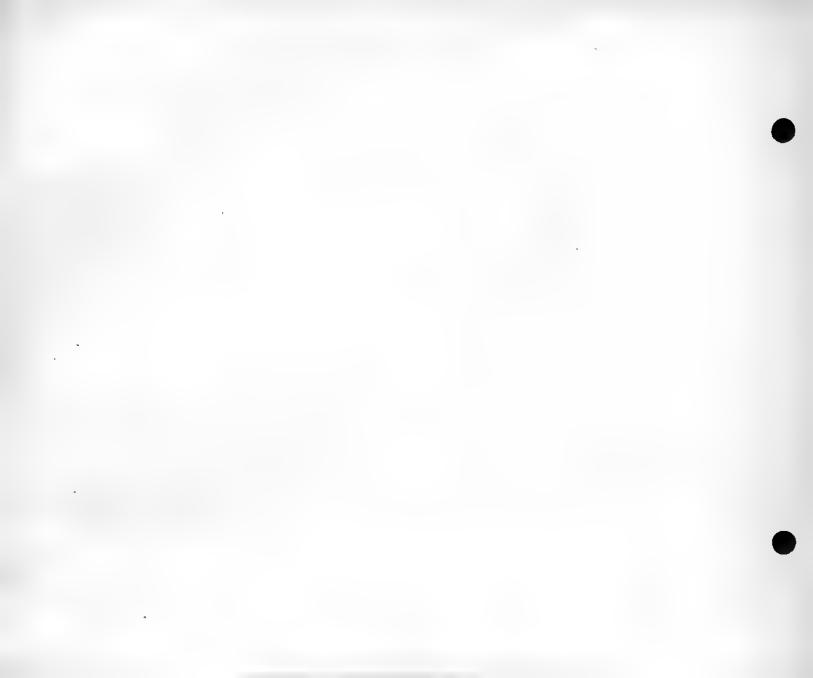


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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 🟸 🛊 🤉
FOR STATE	12403 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH BEPT	1. PLACE OF DEATH O COUNTY CECIL MARYLAND 2 USUAL RESIDENCE (Where deceased I ved, if institution Residence before odm ssion) O STATE OF PROJECT OF THE
delay ind 3 t	b CITY OR TOWN (f outside corporate limit) C. CENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
f ciry de 1, 2, and 1, and 1	d NAME OF HOSPITAL OR INSTITUTION (II) for in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	VIN A FARM? YES NOT
Q 0 2 / E - 1	3 NAME OF DECEASED (Type or print) EURIE MARGARET ROADES OF ADATE
× × O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S SEY 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS Individual Months Doys Hours Min
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hin 24 ncil in niner's pages 1 in any	13 FATHER'S WAME 14 MOTHER'S MA'DEN NAME
with personal property of the	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
executed inding" in Medical I permit. I emaval	(Yes, no, grythogyn) (If yes give wor or dotes of service) CLARENCE PHOPPES
s cert ficate shauld be execute, writing the ward "pending" farwarded to the Chief Medical used as a burial-trans t permit.	1B. CAUSE OF DEATH (Enter only one couse per upe for (o), (b) and (c).) PART 1 DEATH WAS CAUSED BY OMSET AND DEATH OMSET AND DEATH OMSET AND DEATH OMSET AND DEATH
e shauld be e the ward "per to the Chief A burial-trans t ematian, or re	Conditions, if any, which gave) DUE TO CHRONIC COLONARY DISEASE STATER
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cert ficate , writing th arwarded to used as a 1 burial, crea	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)
rrificate, uld be fa auld be uprior to b	PERFORMED? YES NO 200 EXTERMA. (AUSE WAS PRIMARY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) FINALLY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)
NER: e certif should files. 3 should ont, pric	
(AMIII) e the e 4 slaur fraur frage 3 agen	20c TIME OF IN. JRY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 100 Rights Adv.) (County Tay L. Store) While Not While of work of wo
MEDICAL EX please executi il director. Pagi retained far y L DIRECTOR: Pe	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, ond in my opinio deoth resulted fram:
MEDTA please ex durectar. DIRECTO	CHIEF MEDICAL EXAMINER
EPUTY P sssary, pl funeral c ay be re JNERAL I	SIGNATURE M D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
TO DEPUTY MEDICAL EXPRESSION OF THE funeral director. Pag 5 may be retained far y TO FUNERAL DIRECTOR: PHealth ar its designated	230. BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON/City or Town) (County) (Stote)
5 = 2 5 H	BUTT 1 9/4/68 Bohemia Manor Cem. Bohemia Manor Md. 24 FUNERAL DIRECTOR 250 RECU BY REGISTRAR SAIGNAURE
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MARYLAND STATE DEPARTMENT OF HEALTH



	/ B	MARILAND STATE DEPARTMENT OF HEALTH
1 4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
· V	-1	CERTIFICATE OF DEATH
_ ~ ~ -	ŀ	DECEASED NAME First Middle Last 2a. DATE OF DEATH Worth Day Year
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de grande	ļ.	10-1-10-10-10-10-10-10-10-10-10-10-10-10
海水子 (草		SEX 4. RACE S DATE OF BIRTH 6 AGE (In years I under 24 HRS last birthday) Months OAYS MOURS Min
でと思う	-1	Male White July 26, 1394 74 YRS 1394
Page Page Page Page Page Page Page Page		O BIRTHPLACE (State or foreign 76. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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in the second		D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspita. 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
within	1	Elkton give street oddress) during most of working life, even if retired INDUSTRY Paper Faker Elk Paper III;
rut, rat		30 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CTY JUNIOS? 13e STREET AND NUMBER
ecuted w	۱ [drussian) STATE 13b COUNTY: Elkton VES NO R.D. (Andora)
equires that the death certificate be executed v physician. signed by the attenling physician and cample'd burial-transit permit. Then please remave cark burial, cremation, ar remaval, and in any event,		4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
be ex and e rem in an	١.	William T. Rothwell Rachel Ann Pearson
te ian sass	ŀ	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address
ertificate be physician c nen please iaval, and ir	_	Yes, no, or unknown) (If yes give wor or doles of service) Ins. Mabel D. Rothwell, Elkton, I'd.
Ph Ten Ten	ŀ	4000 OV 1147 In the 12
at the death cer the attenting p nsit permit. The	- 1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY
eat minima and minima	- 1	PART I. DEATH WAS CAUSED BY HARDINTE CAUSE (a) Cereleral Humilians 4 days
atte		DUE TO, OR AS A CONSEQUENCE OF
후 등 등	- 1	Canditions, if any, which gave) b) Arteriosclerosis & cerulard Versela
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equires that th physician. signed by the burial-transit p	- 1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the hospital or attending physician. VERAL DIRECTOR: After this certificate has been signed by far, page 3 should be detached far use as the burial-trail dbe filed with the State Dept. of Health priar ta burial, cre		A STATE OF THE STA
ding # the	- 1	Anderio Sclerafic Croact disease 199 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ten de la comparion de la comp	2	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The post	1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 2116. HOW INJURY OCCURRED (Enter nature of injury in Part 2. Item 18.)
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E SE	_	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year OF THE BUTTER TO THE BUTTER T
YSI cer cer che pt		
PH telephone	ı	While Not while at work at work
Š ± ± p en	ı	220 Learning that (1) (this basnital) attended the deceased from 320. 1968 to 14,00,2819 / 8 that (1) (we) la
2 6 € 0 5 0 6 6 6 6 6 6 6 6 6 6	- 1	22a. I certify that (I) (this haspital) attended the deceased from 33. 1968, to 1709, 28, 1968, that (I) (we) la saw the deceased alive an 1709, 28, 1968, and that in (my) (out) appnian death occurred an the date and haur and from the
The red the		causes stated above, (1) (**e) (did) (tid not) view the bady after death.
A Set in the second sec		226 SIGNATURE
d × 3 Re re		Easignar & Deliciu MI), DEGREE PHYS. DIRECTOR D STAFF D 9/9/68
7 P P P P P P P P P P P P P P P P P P P	,	22d. PHYSICIAN'S () 22e. ADDRESS
RAI Page	1	NAME(Type) Edgar E. Folk, M.D. Newark, Delaware
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached for use as the burial-transit permit. Then please remave ca should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event		
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5- 5 s		REMOVAL (Spendy) 3/30/68 Cherry Hill Meth. Cem. Cherry Hill Md.
VR A15 (1)	ا ۸	24. FONERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
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and rem	4 h	ATHER'S NAME First Hanne	Middle	U C:	pers	ER'S MAIDEN NAME FIF	eressa.	Middle	Range
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ifica y ske al, c	Y	es, no or unknown) (If yes give w	or or dates of service)	214-20-	2842 Allen	1. Sicron	ns Peri	TIC POSEV	had
cert Ther may	П	18. CAUSE OF DEATH (Enter onl		line for (a), (b) any (c)	1 ' 0	1 3 -	7 101	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death cei attending p permit. The	П	PART I. DEATH WAS CAUSED IMMEDIA	BY. TE CAUSE (a)	Chr	once Ti	treort 7	terell	re-	
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OR:		couses stated obove	, (l) (we) (did) (did not) view the	body ofter death.		A		
OR ATTENI OR ATTENI DIRECTOR: A pp 3 shauld ed with the	Н	22b. SIGNATURE	100 C	1 Asm	m 111. 6	TENDING ME	D. STAF	F 22c DA1	E SIGNED
L o be		22d. PHYSICIAN'S	ee j	- 4 1164	2'	HYS. DI	RECTOR PHYS	. LI COM	1000
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11403 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR havrs after death Roy STRAIGHT (Type or print) Month August 20 名: OOto M ply filled in by the fuffication papers. Pages 1 to within 72 hours after d S. DATE OF BIRTH 4. RACE 6 AGE (In years IF UNDER 1 YEAR 3. SEX 8-5-98 last pinhaay) HOURS White Male YRS 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED TO country) West Va. U.S.A. DIVORCED | Cecil County WIDOWED T requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)
VA Hospital 10. CITY OR TOWN OF DEATH 12o dSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY mplately (e carba Perry Point 130 USUAL RES DENCE (Where deceosed lived/ if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER odmission) STATE West 13b/ COUNTY YES NO Fairmont 712 Locust St. and in any 14. FATHER'S NAME Middia Eirst Middle Lost IS MOTHER'S MAIDEN NAME First Straight William Emery Margaret Ice signed by the attending physician or burial-transit permit. Then please burial, crematian, ar remaval, and i 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, ne or unknown) 217 54 83 82 VA Hospital Records - Perry Point, Maryland APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY: Chronic Brain Syndrome associated with cerebral arteriosclerosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 6 Mo. Melena, cause undetermined signed by the burial-transit p Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been be detached far, use as the State Dept, af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🔲 NOKE 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) Page 4 may be retained by the haspin Page 4 may be retained by the haspin TO FUNERAL DIRICTOR: After this cert 3 shayld be detached 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (4) (this hospital) attended the deceased fram 6-15-67, 19, ta 8-20-68, 19 sew discrete ease believe and the control of the co director, page 3 should should be filed with the causes stated obove, (I) (we) (aid) (aid nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS VA Hospital - Perry Point, Maryland 22d. PHYSICIAN S SEYMOUR GOLDGRABEN, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE 23b. BURIAL, CREMATION, (County) (Stote) REMOVAL (Speaty) Aug. 21. 1968 Baptist Cemetery Barracksville, West Va. a Pottiver ADDRISS Vinguel So. RECD BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 FREY FUNERAL HOME-Madison St., Fairmont, W. VEDAIL AUG

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11410 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2n. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after death. (Type or print) Manth 18 Day 5:20P 1968 Kimberly Strickler Aug. Ann tion one completely filled in by the fune exe gamove corban papers. Pages 1 or ord in any event, within 72 hours after de-IF UNDER 24 HRS. S. DATE OF BIRTH F JINDER I YEAR 3. SEX 4. RACE AGE (In years last birthday) ZHTHOM DAYS HOURS Female White Aug. 18, 1968 50 YRS 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State at fareign 8. MARRIED NEVER MARRIED country Md. Cecil USA WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) Hespital during most of working life, even if retired.) INDUSTRY Elkton 3a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER The Ster YES [NO F enna 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Eric J. Strickler Sue 1 Reynelds 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes. morer unknown) Eric Strickler, Delta, Penna. physi a buriof, cremation, or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditians, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been far use as the director, page 3 should be detached tar use as the should be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F 21b TIME OF INIURY 210 ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, nat'fy medical exominer) be detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 218 PLACE OF INJURY City or Town County While Not while ot work 22o. I certify that (I) (this hospital) attended the deceased from... _ . to ____, that (I) (we) lost _, and that in (my) (our) apinion death occurred on the date and hour and from the sow the deceosed olive on..... couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type Elkton.Md. Jay S M.D. Barnhart 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a BURIAL CREMATION 23b. DATE (County) BREMOVAL (Specify) Slate Ridge -Aug. 20.1968 Delta. Yerk. Pann 2Sb. REGISTRAR'S SIGNATUR 2Sa, REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 (4) AUG 23 1968 John H. Harkins. Delta. Penna. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 JW, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGEAIN years MONTHS DAYS HOURS within 24 hours 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] WIDOWED 🔀 DIVORCED filled 10. CITY OR TOWN OP DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) carbon 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? STREET AND NUMBER J3b. COUNTY please remove ond in any 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME Middle by the ottending physicion ransit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFOR MANT Address requires that the death certifiy Yes, no, or unknown) [[If yes give war or dates of service) or removal, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to hos been CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES [NO THE 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 卓 OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D No. City or Town County Stote OFFICE BUILDING ETC. White Not white at work 22a. I certify that (I) (this haspital) attended the deceased fram 26, 1968, ta America, 1968, that (I) (we) last saw the deceased alive an increase and the saw the deceased alive an increase and the saw the deceased alive an increase and the saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw the deceased alive and the saw that increase a saw be retoined O FUNERAL DIRECTOR: causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS PHYSICIAN'S Poge 4 may 22e. ADDRESS director, bluods OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 2So. REC'D BY REGISTRAR VR A15 (4) DATE AUG 8 30M REV 1/48

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1	11612	DIVISION OF VITA	L RECORDS, 301 W.	PRESTON STREET, BAL	TIMORE, MARYLAND 212	01 1 22	0
REAL PROPERTY.							
		irst	Middle	Lost	20. DATE OF DEATH	Day & Year	2b. HOUR
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ban papers. Pages within 72 haurs affir	(4. RACE		S. DATE OF BIRTH	8 7 6. AGE (In year last birthday)	IFS IE UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
S C	Female	White		1-14-1000	1897 "last birthday)	YRS.	
	RTHPLACE (Stote or foreign try) Austria Hungary	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Cecil		Md
	TY OR TOWN OF DEATH	FT NAME OF	F HOSPITAL OR INSTITUTION ((If nat in hospital 12a US	UAL OCCUPATION (Kind of work	done 125 KIND OF INDUSTRY	BUSINESS OR
	Elkton		Union H	ospital	niost of working ife, even from	red.)	Hrille
	JSUAL RES DENCE (Where de sian) STATE	ceased lived, if institution R	esidence before 13c CTY	OR TOWN . I 3d INSIDE CITY	13e STREET AND NUMB	ER	
Ŀ	Maryla	nd Cer	1111	Y			
П	ATHER'S NAME First	M ddle	Last 27 a ha arf m	IS. MOTHER'S MAIDEN NAME		dle -	Lost
ŀ	Demyt WAS DECEASED EVER IN U.S		Slobogin SOCIAL SECURITY NO 1	7 INFORMANT	Mary	Forer	
		give war or dates at service)	ONE	MARY HR	ABEC-CHESA	EPERME (1	TIMA MATERIAL
	18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CA	r only one couse per fine for		/		BETWEEN C	ONSET AND DEATH
- 1	IMM	EDIATE CAUSE (o) AFTE	rioscieroti	c Heart Disea	30	108	ars
	4171	DUE TO, OR AS A C	ONSEQUENCE OF				
1	Canditions, if any, which go rise to immediate cause (a). (b)					
	stating the underlying cou	-1	ONSEQUENCE OF				
	DART 2 OTHER SIGNEWALK	CONDITIONS CONTRIBUTING	TO DEATH DUT NOT DELATE	D WO THE PERMITAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)		
-		Myocardial In		B TO THE TERMINAL DISCASE OF	KCONDITION OF THE IN PART 1(0)		
ı		196 CONDITION FOR WHICH OF		20a. AUTOPSY?	20b IF YES, WERE FIND	INGS CONSIDERED IN C	FRTIFYING
	THE OF OFERMION	common on military	and the same of th	YES NO [CALICIE DE DEATUR	The second secon	
1	210 ACCIDENT WAS UNDER	LYING 215 TIME OF INJU	RY 21/		ter nature of injury in Part 1 or P	Port 2, Item 18.)	
1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	nth Doy Year		1.07		
		21e. PLACE OF INJURY (AT HO	ME, FARM, STREEY, FACTORY) 21	f LOCATION Street or R F.D. N	No. City or Town	County	Stote
	22a Leartify that (1)	(this bosnital) attends	d the decoared from	7-31- 10	68 to 8-4-	10 00 +had	t (I) (wa) last
	saw the decease	d alive an 8-	1- 19 60	and that in (my) (aur) a	68, to 8-4- pinian death accurred an t	he date and hour	and from the
	causes stated ab	ave, (()) (we) (did) (did	nat) view the bady aft	er death.			
	22b SIGNATURE COOL	Oleguello -	1	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED 8-6-68	
:	22d. PHYSICIAN'S	- www.		22e. ADDRESS			
	NAME (Type) Dr.	Wallace Ober	nshain	Cecilt	on, Maryland		
F	BURIAL, CREMATION, 2	3b DATE	23c NAME OF CEMETERY		23d LOCATION (City or Town	n) (County)	(Stote)
	13 9 4 (Kapegly)	8-7-68	S+ ROJE	OF LIMA	HESGREAL	ECITY,	14d
	UNERAL DIRECTOR	//	ADDRESS	WALL COLD		STRAR'S SIGNATURE	
1	YPINTYNE	K4 (ATOME!	8 horas	/YW DATE	AUS 7' 1968	The stand	- Allen



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11421 HEALTH DEPT. I. DECEASED-NAME 20. DATE KNOWN First Middle Month 2b. HOUR Clinton (Type or Print) OF ESTI-Page WILLIAM MICHAEL 1968 9:501 WELDON DEATH MATED delay and 3 1 6. AGE (In years IF UNDER 24 HRS. 4. RACE 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH 2d. HOUR PM3. Day 11 YRS 19 68 9:50T White Aug. 28. 1956 Male August 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH and 2 with the State De "Virginia alang with farm tem 18. Give Pages 1 WIDOWED [DIVORCED U.S.A Cecil 10. CITY OR TOWN OF DEATHELKton 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Student give street oddress) INDUSTRY near Charlestown Union Hospital death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTYCECIL admission) STATE R.D. 1 Carpenter's Point Perryville Office 24 haurs after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle Edward William Weldon Barbara Fave Garnett 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes, no, or unknown) Hospital Records the Chief Medical Exe executed v ending in p APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a). writing the ward should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 8 CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 🗆 21g. EXTERNAL CAUSE WAS 21b. TIME OF JNJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld shauld PRIMARY NOR CONTRIBUTING HOUR A.M burial, crematian, Subject passenger in auto-fixed object PIF LOCATION Street or R.F.D. No. Threwoffing him from union in 9405 P.M 7 19 68 CAUSE OF DEATH Spear 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)
Stream WHILE AT WORK AT WORK Int. of Rte. 267 Charlestown Cecil Md. please execute 220. I certify that I took charge of the remains described above, held on AutopsXXI. Inspection . Inquiry ond in my opinion the funeral director. Suicide deoth resulted from: Noturo couses 1 Accident KX Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER August 9, 1968 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Edward F. Wilson, M.D. 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2/68 Washington Mem. Park Cem. Sandston, Va. PONERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funerals, Elkton, Md. DATE AUG 14 VR A15ME (5) for 10M REV. 1/68

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